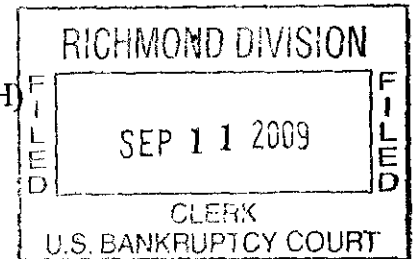


IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION

<hr/>		X
IN RE:	:	Chapter 11
	:	
CIRCUIT CITY STORES, INC.,	:	Case No. 08-35653 (KRH)
<u>et al.</u> ,	:	
	:	
Debtors.	:	Jointly Administered
<hr/>		X



**CLAIMANT LEDELL MURPHY CLAIM NUMBER 5832
FILES OBJECTION TO DEBTORS' THIRTY-FIRST OMNIBUS
OBJECTION TO CLAIMS (DISALLOWANCE OF CERTAIN LEGAL CLAIMS)**

1. Leedell Murphy, Claim Number 5832, has filed a claim in the above-referenced bankruptcy in the amount of \$1,250,000.00. Claimant has requested this amount for personal injuries he suffered at the Circuit City store located in Merrillville, Indiana, docketed debtor being Circuit City Stores, Inc. (08-35653). The incident occurred on July 1, 2008, the result of the incident is that Leedell Murphy had his right hand and right thumb crushed and suffered radial nerve damage in his arm. Leedell Murphy has suffered permanent nerve damage to his arm, has estimated medical bills in excess of \$7,000.00, and has not returned to work since the incident, losing wages from the Chicago Transit Authority during the time-frame from July 1, 2008, to the present. At the time of the injury Leedell was being paid \$26.82 per hour and working 40 hours per week.
2. That Leedell Murphy by way of his signature upon this Petition certifies that he has personal knowledge of the relevant facts that support his position and requests the Court to overrule the objection because Circuit City was negligent under the laws of the State of Indiana, specifically, Indiana Premises Liability laws because on July 1, 2008, while Leedell Murphy was looking at a wall of televisions on display, the wall display collapsed and the wall and

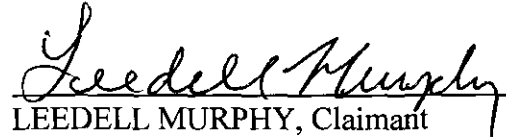
television came crashing down and landed on Leedell Murphy's right hand and right thumb crushing his thumb and damaging his radial nerve in his arm. The defective wall display constituted a dangerous condition upon the land of the landowner and is thereby compensable under Indiana law regarding premises liability actions.

3. The claimant, Leedell Murphy's address is 7722 Grant Street, Unit H, Merrillville, Indiana 46410. His telephone number is (773) 302-8261. Plaintiff's attorney is Robert G. Vann, 500 E 86th Avenue, Merrillville, Indiana 46410, telephone number (219) 736-0600, and email address is: vannlaw@sbcglobal.net.
 4. Debtors' should use claimant, Leedell Murphy's, address as the "Notice Address". The debtor's attorney shall treat Attorney Robert G. Vann's address as the "Additional Address."
 5. Further, please be advised that Attorney Robert G. Vann, 500 E 86th Avenue, Merrillville, IN 46410, telephone number (219) 736-0600, and email address vannlaw@sbcglobal.net has the authority to reconcile, settle, or otherwise, resolve the objection on claimant's behalf.
- Claimant attaches hereto in support of his motion the following documents:

- a. Incident Report
 - b. Medical records
 - c. Lien from Chicago Transit Authority
6. Further, medical records and bills from five (5) medical providers have not been requested yet because Leedell is still treating and the underlying case is not filed in court yet.

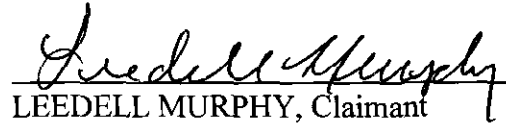
WHEREFORE, claimant, Leedell Murphy, requests the Court to deny debtors' objection, and for all other proper relief.

I, Leedell Murphy, have personal knowledge of the facts asserted herein and affirm under the penalties for perjury that all of the facts as set forth are true and accurate to the best of my belief.


LEEDELL MURPHY, Claimant

CERTIFICATION OF ENDORSEMENT UNDER LOCAL RULE 9022-1(C)

Pursuant to local bankruptcy rule 9022-1(C), I hereby certify that the foregoing proposed motion and objection has been endorsed by and served upon all necessary parties.


LEEDELL MURPHY, Claimant

CERTIFICATE OF SERVICE

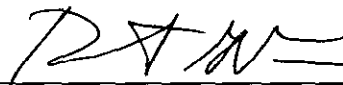
I certify that on the 10th day of September, 2009, service of a true copy of the above pleading was made upon the Court and each party or attorney of record herein by depositing the same in the U.S. Mail, with proper postage affixed for Next Day Service. The Distribution list is as follows:

Clerk of the Bankruptcy Court
United States Bankruptcy Court
701 East Broad Street - Room 4000
Richmond, Virginia 23219

Skadden, Arps, Slate, Meagher
& Flom, LLP
One Rodney Square
P O Box 636
Wilmington, DE 19899-0636
Attn: Gregg M. Galardi
Attn: Ian S. Fredericks

McGuirewoods LLP
One James Center
901 E Cary Street
Richmond, VA 23219
Attn: Dion W. Hayes
Attn: Douglas M. Foley

Skadden, Arps, Slate, Meagher
& Flom, LLP
155 North Wacker Drive
Chicago, Illinois 60606
Attn: Chris L. Dickerson


Robert G. Vann, #16223-56
Attorney at Law
500 East 86th Avenue
Merrillville, IN 46410
PH: (219) 736-0600

CUSTOMER INCIDENT REPORTING WORKSHEET

Report all claims to SRS Telephone Reporting Service at (877) 313-8299.
DO NOT FAX this worksheet to Risk Management.

CLAIMANT/CUSTOMER INFORMATION

Claimant: Murphy Loedel Age 38 Date of Birth: 12/14/1969
 Last name First name
 Social Security #: _____ Parent or Guardian (if applicable): _____
 Address: 7732 Grant St. W. H. Knoxville TN 37610
 Street City State Zip
 Home Phone #: (615) 25-2099 Business Phone #: _____
 (include area code) (include area code & ext.)

FITNESS INFORMATION (Complete for all injury claims)

First name _____ Relationship to injured person: _____
 Last name _____
 Street address _____ City _____ State _____ Zip _____
 Home Phone #: _____ Business Phone #: _____
 (include area code) (include area code & ext.)
 First name _____ Relationship to injured person: _____
 Last name _____
 Street address _____ City _____ State _____ Zip _____
 Home Phone #: _____ Business Phone #: _____
 (include area code) (include area code & ext.)





Name: Murphy, Leedell
Age: 38 Wt: 99.8 kg
Gender: M
Medrec: 00883471
Acct: 296202
Attending: HG1
Primary Nurse: SA
Bed: ED CC 4

INGALLS CALUMET CITY DISCHARGE INSTRUCTIONS

HOME CARE/DISCHARGE INSTRUCTION SHEET

PLEASE READ CAREFULLY

You/Your significant other have received examination and treatment on an emergency basis. Contact your doctor or the physician we have referred you to within 24 hours to arrange for follow up care. Return to this facility if you have any problems, or are unable to contact your physician.

Ingalls Calumet City Urgent Aid is now open 24 hours a day, 7 days a week. Now you can have access to urgent aid 24 hours a day. If there are any questions please feel free to call 708-730-1300. For physician follow-up information please call The Ingall Care Connection at 1-800-221-2199.

XRAYS

The interpretation of x-rays at the time of the emergency visit may only be a preliminary report. You will be notified if there is a change in the interpretation when the x-rays are reviewed by the radiologist.

CULTURES

Cultures taken at the time of the emergency visit are not ready until one to several days afterwards. If culture results are positive, you will be notified if change in the treatment is necessary.

FINAL DIAGNOSIS

Fracture Scapoid Right side

FOLLOWUP CONTACTS

SPECIAL INSTRUCTIONS

*Follow up with primary care physician 24-48 hours.
Follow up with ortho call and make appointment 708-423-8440 in 1-2 days
watch for any sensation changes or weakness
keep hand elevated and apply ice pack
motrin for pain

MEDICAL INSTRUCTIONS

FRACTURE THUMB
FRACTURED THUMB

GENERAL INFORMATION:

You have fractured (broken) your THUMB. This causes local pain, swelling and sometimes bruising. This injury will take about 4 weeks to heal.

If the thumb nail has been severely injured, it may fall off in 1-2 weeks. A new one will usually start to grow back within a month.

Dr. Govindarajan

EXHIBIT

B



Name: Murphy, Leedell
Age: 38 Wt: 99.8 kg
Gender: M
Medrec: 00883471
Acct: 296202
Attending: HG1
Primary Nurse: SA
Bed: ED CC 4

INGALLS CALUMET CITY DISCHARGE INSTRUCTIONS

INSTRUCTIONS:

1. Keep your HAND elevated to reduce pain and swelling. This is very important during the first 48 hours.
2. Make an ice pack (ice cubes in a plastic bag, wrapped in a towel) and apply for 20 minutes every one to two hours the first day. Continue this three to four times a day until the swelling goes down.
3. You may take aspirin, Tylenol or Advil for pain, unless another pain medicine was prescribed.
4. If a SPLINT was applied, leave this in place for the time advised. This will prevent the bones from moving out of position. If the tape becomes wet or dirty, change it with paper, plastic or cloth tape.

GO TO THE NEAREST HOSPITAL EMERGENCY DEPARTMENT IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR:

1. Pain or swelling increases.
1. Redness or warmth in the hand.
3. Fingers or hand becomes cold, blue, numb or tingly.

PRESCRIPTIONS

Ibuprofen : Tablet : 400 Mg : Oral
Dispense: 30days, Quantity: 1, Schedule: every 6 to 8 hours

As Always, YOU are the most important factor in your recovery. Please follow these instructions carefully. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, go to the nearest Emergency Department.

CARE CONNECTION-INGALLS PHYSICIAN REFERRAL SERVICE CALL 1-800-221-2199

SEATBELTS: There is no doubt that seatbelts save lives. Every day in the Emergency Department we see people driving without seatbelts are more severely hurt. We always buckle up. Please do the same!

As health care providers, we must advise you that smoking, or breathing second hand smoke, is bad for your health.



Name: Murphy, Leedell
Age: 38Y - DoB: 12/04/1969 Wt: 99.8
Gender: M
Medrec: 00883471
Acct: 296202

INGALLS CALUMET CITY PRESCRIPTION

Ingalls Family Care Center Urgent Aid
1600 Torrence Avenue
Calumet City, IL 60409
708-730-1300

Date: Sat, Jul 05 2008 15:16
By: Hemamaheswari Govindarajan

For: Murphy, Leedell
Date of Birth: Dec 04, 1969

Rx: Ibuprofen : Tablet : 400 Mg : Oral
Quantity (per dose): ***1*** (One)
Unit: tab
Route: Oral
Schedule: every 6 to 8 hours
Dispense (total): ***30days*** (Thirty days)
'No refills
'May substitute

Allergies: "pencillin"

Signature

ORIGINAL

Jul 17 21 04:16p

p. 6

BONE AND JOINT PHYSICIANS

5540 W. 111th Street, Oak Lawn, IL 60453

DAVID J. SMITH, M.D., F.A.C.S., FOUNDER
GEORGE S. MIZ, M.D., F.A.C.S.
JOSEPH G. THOMETZ, M.D.
MARK R. NIKKEL, D.O.
JOHN R. MCCLELLAN, M.D., F.A.C.S.

PHYLLIS N. BONAMINIO, M.D., F.A.C.R.
JOSEPH F. TANSEY, M.D.
CARL DILELLA D.O.
KEVIN HILTON, M.D.
GEORGE CHARUK, M.D.

PATIENT: Murphy, Leedell

DOY: 07/10/2008

Followup right wrist crush injury.

HPI: The patient sustained a crush injury at Circuit City when a pane of glass fell on to the radial aspect of his wrist near the scaphoid. He continues to be in a very severe amount of pain with any type of motion affecting his thumb or index finger. He still demonstrates a significant amount of swelling in his hand.

PHYSICAL EXAMINATION: The patient's swelling has diminished. He is much less tender to palpation compared to first time, however, he does demonstrate significant tenderness in the area over the superficial branch of his radial nerve into the dorsal aspect of his thumb and into his fingers. Motion of his thumb and fingers tends to exacerbate his pain. Unable to test any type of Finkelstein maneuver or specific test for scaphoid instability. He had palpable radial pulses. Sensation was intact in his ulnar and radial distributions of his fingers.

MRI results were reviewed of the patient's right wrist and fingers. No evidence of fracture of scaphoid or distal radius. No ligamentous injury.

IMPRESSION: Crush injury, right wrist. Likely crush injury to superficial branch of radial nerve.

PLAN: Maintain immobilization this week in thumb spica cast and then next week to begin with formal hand therapy. Edema control currently with icing and elevation. Follow up next week.

KH/na/hk
Murphy-Ridell_0109C20080710

DD: 07/10/2008
DT: 07/11/2008

Jul 17 21 04:16p

P. 7

BONE AND JOINT PHYSICIANS

5540 W. 111th Street, Oak Lawn, IL 60453

DAVID J. SMITH, M.D., F.A.C.S., FOUNDER
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JOSEPH P. TANSEY, M.D.
CARL DILELLA D.O.
KEVIN HILTON, M.D.
GEORGE CHARUK, M.D.

PATIENT: Murphy, Leedell

DOY: 07/07/2008

The patient is being seen today for right hand pain.

HPI: The patient is a 38-year-old right-hand dominant male who stated approximately eight days he sustained an injury where a pane of glass fell on the radial aspect of his wrist near the scaphoid. He sustained no laceration, however, he has had significant pain at the base of the thumb since then with some subjective numbness in his thumb, index, and middle finger. He describes his pain as sharp and throbbing. He has difficulty moving his hand, twisting his hand, or performing any type of grasping or prehension activities.

PAST MEDICAL HISTORY: None.

PAST SURGICAL HISTORY: None.

CURRENT MEDICATIONS: None.

ALLERGIES: None.

FAMILY HISTORY: Includes stroke, diabetes, high blood pressure, arthritis, cancer, and asthma.

SOCIAL HISTORY: He smokes half a pack a day for the last two years. He does not drink alcohol. He does not use recreational drugs.

REVIEW OF SYSTEMS: Significant for asthma and smoking. The remainder is negative as documented, dated, and signed in the chart.

PHYSICAL EXAMINATION: The patient weighs 220 pounds. He is 5 feet 10 inches tall. He is 38 years old. He is right hand dominant. He presents with obvious swelling involving his right hand and wrist extending to the dorsal and volar surface of his hand. He had no other lacerations or ecchymosis.

Right elbow examination, he demonstrated full flexion, extension, supination, pronation without difficulty. He was nontender along the anterior, posterior, medial, and lateral surfaces. He was nontender along the interosseous membrane.

The patient's wrist examination, he demonstrated tenderness with any type of volar or dorsiflexion. He was tender along the distal radius and in the snuffbox. He had some mild pain with CMC grind test located at the base of the metacarpal. I was unable to perform any Watson's shift sign today due to the severe nature of the pain. He had gross motion in all of his fingers of the DIP and PIP joints along with positive tenodesis mechanism. To pinprick examination, the patient had decreased sensation along the ulnar and radial borders of his thumb along with the ulnar and radial borders of his index and radial border of his long finger. Capillary refill was less than 2 seconds.

X-rays were taken of the patient's wrist and hand showed a lucency at the proximal pole of the scaphoid, questionable non-displaced fracture.

NAME: Odell, Murphy
PAGE 2

DOCTOR: Kevin Hilton, M.D.

IMPRESSION: Possible scaphoid fracture, right hand, due to crush injury.

Evaluate with MRI to determine if fracture or normal anatomic variant. Follow up after MRI. The patient was placed in a volar splint along with a thumb spica to keep immobilized until after MRI.

KH/na/hk
Odell- Murphy_0109C20080707

DD: 07/07/2008
DT: 07/09/2008

**Itemization of Benefits paid by
Chicago Transit Authority**

Plan Member: *Murphy, Leedell*
Participant: *Leedell; self*
Date of Loss: *July 1, 2008*
CKC File: *ta7801*

Charges	Lien Amount
\$32,013.24	\$7,677.82

Date: *March 25, 2009*

<u>Dates of Service</u>		Treatment	Charges	Lien Amount
From:	To: Service Provider			
07/07/2008	Ridge Orthopedic	fracture to hand	270.00	75.00
07/10/2008	Ridge Orthopedic	crushing injury to hand	385.00	219.00
07/05/2008	Ingalls Memorial Hosp.	fracture of navicular bone	1,287.24	525.22
07/08/2008	Radiology Imaging Cnslts.	pain in forearm	226.00	83.00
07/05/2008	Radiology Imaging Cnslts.	swelling of limb	54.00	20.00
07/29/2008	Centers for Hands	crushing injury to hand	283.00	80.89
07/05/2008	Sullivan Urgent Aid	fracture of navicular bone	219.00	79.00
08/05/2008	Centers for Hands	crushing injury to hand	435.00	115.52
08/14/2008	Ridge Orthopedic	crushing injury to hand	385.00	219.00
08/12/2008	Centers for Hands	crushing injury to hand	514.00	136.87
09/08/2008	Ridge Orthopedic	lesion of radial nerve	110.00	70.00
09/25/2008	Ridge Orthopedic	crushing injury to hand	110.00	70.00
08/01/2008	Centers for Hands	crushing injury to hand	226.00	60.30
07/23/2008	Ridge Orthopedic	injury to hand/ wrist	110.00	70.00
10/27/2008	Ridge Orthopedic	lesion of radial nerve	110.00	70.00
11/24/2008	Ridge Orthopedic	lesion of radial nerve	110.00	70.00
07/08/2008	Ingalls Memorial Hosp.	fracture of navicular bone	2,087.00	851.50
11/25/2008	Vertical Plus MRI	cervicalgia	1,864.00	730.00
12/11/2008	Vertical Plus MRI	pain in thoracic spine	2,034.00	766.00
01/05/2009	Pain Control Assoc.	degenerate lumbar vert.	431.00	176.00
09/02/2008	Tanmay Panigrahi	displaced lumbar vert	1,890.00	461.25
12/24/2008	Fausto Magno	radial styloid tenosyn.	200.00	97.76
02/06/2009	Franciscan Physicians	lumbosacral	11,602.00	1,107.00
02/06/2009	Pain Control Assoc.	postlaminectomy syndrome	2,850.00	728.00
02/09/2009	Pain Control Assoc.	lumbago	4,000.00	692.00
03/02/2009	Kevin Waldron	lumbosacral	121.00	46.45
02/02/2009	Fausto Magno	arthralgia- shoulder	100.00	58.06
				0.00



ROBERT G. VANN

ENVIRON PLAZA
500 E. 86TH AVENUE
MERRILLVILLE, IN 46410

ATTORNEY AT LAW

(219) 736-0600
FAX (219) 769-1300

September 10, 2009

Clerk of the Bankruptcy Court
United States Bankruptcy Court
701 East Broad Street - Room 4000
Richmond, Virginia 23219

RE: CIRCUIT CITY STORES, INC., et al.,
Case No. 08-35653 (KRH)
Chapter 11

CLAIMANT LEEDELL MURPHY CLAIM NUMBER 5832

Dear Clerk:

Please find enclosed for filing **CLAIMANT LEEDELL MURPHY CLAIM NUMBER 5832**, Objection to Debtors' Thirty-first Omnibus Objection to Claims (Disallowance of Certain Legal Claims). Please cause the document to be filed with the Court.

Should you have any questions, please call me at (219) 736-0600, and I thank you for your attention to this matter.

Very truly yours,



Robert G. Vann

RGV:jc

Enc.

cc: Skadden, Arps, Slate, Meagher (w/enc.)
& Flom, LLP
One Rodney Square
P O Box 636
Wilmington, DE 19899-0636
Attn: Gregg M. Galardi
Attn: Ian S. Fredericks

cc: McGuirewoods LLP (w/enc.)

One James Center
901 E Cary Street
Richmond, VA 23219
Attn: Dion W. Hayes
Attn: Douglas M. Foley

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& Flom, LLP
155 North Wacker Drive
Chicago, Illinois 60606
Attn: Chris L. Dickerson